

SANULOM



The New
Dental Medicament
for the rapid reduction of
Inflammation

SANULOM

(MADE IN ENGLAND)

*Sole distributors for Great Britain,
Northern Ireland and Eire:*

MILTON PROPRIETARY LTD.

JOHN MILTON HOUSE, LONDON, N.7

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SANULOM

INTRODUCTION

THERAPEUTIC agents in the treatment of inflammations of the mouth have been tried for many years with varied success. In general, they have been either emollients, caustics or antiseptics and mainly variations of the older phenols. Most of the agents used caused damage or death to the tissue cells. In late years, it has been found that certain substances, although not powerful antiseptics in themselves, have the power of strengthening the body-defence mechanism against damage and infection without irritation to the living tissues. We know that non-specific therapy, the assistance of the vital activities of the cells, plays an essential part in the process of healing.

In order to find a basically sound therapeutic agent for local application, chemical and clinical experiments over a period of many years have been made and resulted in the development of the new product 'Sanulom.'

'Sanulom' contains 0.17 per cent. silver with a vegetable substance as protective colloid. In this combination an increased bactericidal effect beyond that of the total silver content is obtained without the slightest irritation.

'Sanulom' is of syrup-like consistency, entirely non-caustic, non-toxic and has a high surface tension which keeps it in close contact with the tissues. It penetrates rapidly, is decongestive, as well as an excellent analgesic.

‘ Sanulom ’ fulfils the fundamental biochemical requirements indicated for :—

1. Elimination of pain from wounds.
2. Reduction of inflammatory symptoms.
3. Stimulation of proliferation and granulation of tissues and cells.
4. Maintenance of enzyme activity of cells, and raising of resistance (non-specific therapy).
5. Disinfection (specific therapy).

This multifold therapeutic action of ‘ Sanulom ’ is most valuable in dental surgery. Its main indications for use and methods of application are outlined here.

INDICATIONS FOR THE USE OF SANULOM

LOCAL GINGIVITIS

- (1) Around erupting and imbricated teeth and during orthodontic procedures. *‘ Sanulom ’ is particularly valuable in the treatment of septic pockets around erupting wisdoms.*
- (2) Localised inflammation under caries, cavities, fillings and crowns.
- (3) Under partial and full dentures and over small localised areas of “ feathery ” bone. It will often be found that a patient is still suffering discomfort immediately after the easing of a denture owing to the localised inflammation. The application of ‘ Sanulom ’ by smearing it on the denture at the site of the easing will give almost instant relief.

(4) Acute periodontitis. It is a not uncommon event to see an acute "pyorrhœa abscess" on one tooth distinguished by a very localised and very deep pocket. If this is incised and 'Sanulom' applied, it is found that the condition will clear up very quickly.

GENERAL GINGIVITIS

(1) Acute conditions.

(a) Pregnancy and diabetic gingivitis.

There is doubtless a typical inflammation of the soft tissues of the mouth in certain cases of pregnancy and diabetes. The orthodox local treatment has been found of little avail and some suggest that gingivectomy is the only treatment. 'Sanulom' applied once a day will give an almost immediate reduction in the inflammation and, in many cases, will almost completely cure the condition.

(b) Vincent's infection.

'Sanulom' is a most valuable agent in the treatment of this condition. The mouth should be syringed with a hypochlorite solution, such as Milton, first of all, and quantities of 'Sanulom' placed in the pockets. This should be done two or three times a day during the acute stage and once a day for another few days. The underlying causes can then be dealt with.

(c) Stomatitis.

It will be found in all cases of Stomatitis that the application of 'Sanulom' will give quick relief to the pain, and will be a valuable adjunct to the general treatment of this condition.

(2) Chronic Gingivitis.

(a) Before and after scaling.

The inconvenient bleeding so often experienced during scaling can frequently be prevented by the use of 'Sanulom' on the first visit before scaling is attempted. This will reduce the inflammation and enable subgingival tartar to be seen more clearly.

(b) Before and after Gingivectomy.

Many cases which at present are gingivectomised can be cleared up by the use of 'Sanulom.' If, however, it is felt that a Gingivectomy must be done, the use of 'Sanulom' as a pack for the first 24 hours and its application after the removal of the pack will be of great value in aiding healthy granulation and preventing pain.

(c) As a packing.

'Sanulom' can be used as a packing in Gum Pockets by mixing with cotton wool. It should be changed, however, after 24 hours.

(d) As a prophylactic.

The occasional application of 'Sanulom' will help to prevent any acute condition arising. This is particularly so if used in early pregnancy or where any reduction of general resistance is suspected. It will help to clear up dental sepsis prior to general operations.

(3) Pre-Operative.

Prophylaxis. Inhibition of bacterial growth. Reduction of acute inflammations, e.g., around partially impacted wisdoms

The disinfection of the mouth before operation is a considerable problem. It cannot be denied that the ideal is for the mouth to be rendered as healthy as possible and it will be found that two or three applications of 'Sanulom' around and in between the teeth will so improve the general tone that major dental

operations can be performed with every prospect of quick healing and no untoward sequelæ.

A case in point is the removal of a partially erupted impacted wisdom. Usually, the condition is being dealt with because of the acute inflammation in the gum around the tooth. It is obviously a great advantage if this inflammation and sepsis can be reduced before operation.

(4) Post-Operative.

After all operative procedures :

‘ Sanulom ’ reduces all symptoms of sepsis and even large wound surfaces heal rapidly and painlessly, without irritation and scar formation.

‘ Sanulom ’ is of great value in the treatment of sockets after extractions, it relieves pain, reduces inflammation quickly, encourages healing and prevents after-effects.

Septic sockets respond rapidly to treatment with ‘ Sanulom.’

Large cavities resulting from operations in the mouth, e.g., the cavities remaining after removal of impacted third molars or cysts are most successfully treated with ‘ Sanulom.’ Gauze tape soaked in ‘ Sanulom ’ is lightly filled in the cavity. After removal of packing in 24 to 48 hours the cavity is clean, free from inflammation and pain and perfect healing will result.

METHOD OF APPLICATION

It is essential to bring 'Sanulom' into direct contact with the site of disease. 'Sanulom' should be applied freely.

'Sanulom' is best applied with a syringe to which is attached a blunt canule. It can also very easily be applied by means of a simple hand instrument, such as a plastic or a probe, which should be dipped into the 'Sanulom' and can easily be manipulated to the desired site.

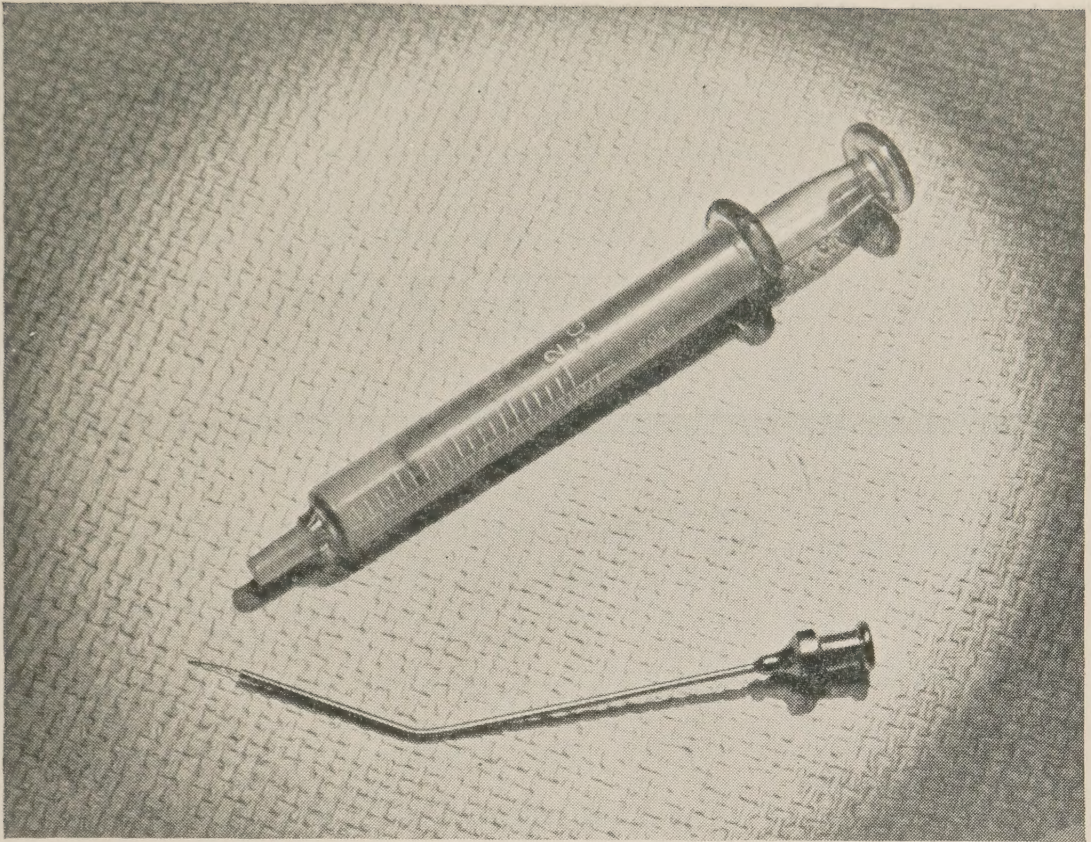
However, if 'Sanulom' is to be introduced into deep pockets the syringe should be used, as 'Sanulom' becomes liquefied when warmed and can then be readily applied with the finest canule.

It may be used as a packing or dressing in the usual way on gauze or cotton wool.

Syringe. A 2 c.c. all glass syringe which has been found most suitable for use with 'Sanulom,' together with an angled needle, is available.

SUMMARY

'Sanulom' reduces inflammation quickly ;
encourages healing ;
relieves pain ;
is harmless to the tissues and cannot irritate ;
does not stain the teeth or gums ;
causes no gastric disturbances if swallowed ;
remains in contact with the tissues for a long period.



The 2 c.c. all glass syringe

The syringe may be filled by drawing in the 'Sanulom' in the usual way or by first removing the plunger and then by inserting the required amount with a spatula. Syringing through with water each time before use facilitates smooth working of the plunger.

If any difficulty is experienced in drawing 'Sanulom' into the syringe or in discharging from it, it is suggested that the bottle and the syringe be placed in warm water as 'Sanulom' then becomes liquefied.

TABLE OF BACTERIOLOGICAL TESTS

SANULOM

Material used	1 gm. ' Sanulom.' 1 c.c. NaCl.soln. 1 loop of staphylococcal culture.					
Amount poured on plate	0.1 c.c. in 10 c.c. fluid cooled agar.					
Minutes	Time of action.					
	2	5	10	20	30	240
Out of 20,000 living bacteria in 0.1 c.c.	92	slowly diminished			21	0
Time in Incubator : 24 hrs. at 98.67° F.						

REPORTS

FROM DENTAL SURGEONS

October 29, 1938

Sanulom is producing good results in hypertrophic gums. As the condition is largely fibrotic, improvement is necessarily less dramatic than in inflammatory conditions.

In cases of neglected mouths where scaling is necessary and the gums swollen and inflamed, I find it of great assistance.

I used it recently as a pack in the large cavity left after removal of an impacted wisdom tooth and also in a very large cavity in the upper jaw caused by the removal of a developmental cyst which had displaced the antrum and floor of the orbit (I should estimate the cavity at a little less than 2 fluid ounces). In both cases the results were extremely good, much better than I had obtained hitherto—practically no pain or swelling and *no trace* of sepsis.

The number of cases treated is, of course, small but the results are so good that I intend to continue its use and will write to you at a later date.

———— F.R.C.S., L.D.S., R.C.S.

Later Reports from the same Dental Surgeon :

February 20, 1939

I have been using Sanulom for some time now and it may be of interest to you to have my views. It has established itself in my practice in the following ways : packing any large cavities resulting from operations in the mouth, e.g., the space remaining after the removal of an impacted 3rd molar, and in some cases cysts of the jaws from which the lining has been removed. My method is to soak gauze tape in Sanulom and lightly fill the cavity. On removal of the packing in 24 to 48 hours the cavity is remarkably clean and free from inflammation ; a noteworthy point is absence of pain.

Post extraction pain yields very rapidly to a pack of Sanulom, either alone or on gauze.

In acute periodontitis in which the teeth are loose and sore, and the gums puffy and inflamed I find it invaluable. I apply it in such cases by massaging with the tip of the finger, usually getting relief in one treatment.

I have got considerable improvement in cases of hypertrophied gums but the progress is naturally slow as the tissue is largely fibrous.

The points I should like to call attention to are : (1) its decongestive action and, (2) its strong analgesic property where pain is a feature of the case.

In wounds treated as I suggest there is a cool, clean appearance and practically no swelling from trauma or sepsis.

The non-toxicity of Sanulom is not the least of its advantages, as when used in the mouth it is inevitable that a certain proportion of the preparation must be swallowed.

———— F.R.C.S., L.D.S., R.C.S.

May 15, 1939

I continue to find the Sanulom of great value. I am using it more and more for massage of irritated gums ; its decongestive action is wonderful.

———— F.R.C.S., L.D.S., R.C.S.

February 13, 1939

I have been using your preparation Sanulom during the past three months with marked success and I have no doubt you would be interested to learn that, in ordinary routine practice, Sanulom amply fulfils all the results you claim for it.

The cases I have treated with Sanulom have ranged from slight gingivitis to incipient pyorrhœa, with marked swelling of the interdental papillæ, bleeding, and slight discharge from the gums. In all cases treated, after a thorough scaling and cleaning, Sanulom was applied by means of a syringe with a blunt needle into the interdental spaces, as you recommend, and after a few applications at about three days' interval the swelling had subsided and the gums resumed their normal colour and condition. Bleeding from the gums had ceased and the patients remarked that the mouth felt cleaner and fresher and that the tenderness had completely gone from the teeth and gums.

I have also used Sanulom as a root filling after root treatment with satisfactory results. One case in particular is worthy of note. The tooth, upper left canine had been decayed for some time and the pulp had gone gangrenous with a sinus discharging on to the gum near the apex of the tooth. After cleaning out the dead pulp tissue, dressings of Sanulom were sealed in the root canal at intervals of three days and after the third dressing all signs of odour had disappeared from the canal and the sinus had completely closed up, leaving no trace of the opening. No X-ray was taken but the clinical appearance of the tooth appears perfectly normal.

I have every confidence that Sanulom will become very popular with the Dental profession as the Colloidal Silver content appears to exert a very beneficial effect on the diseased oral tissues.

————— L.D.S.

March 13, 1939

With regard to Sanulom, this is a case I have tried out in my own mouth.

I developed a rather bad pain in a right upper 12 year molar. The next day I got a rather large swelling on my palate and also on the buccal side of the tooth with great tenderness. There was no cavity to be found in the tooth, but on examining the tooth I discovered a pocket between the 6 year and 12 year. I washed out the pocket with H_2O_2 and got tooth X-rayed which showed a large pocket. I had pain all the time, and I had tried several dressings in the pocket but only got relief for a short time. I then decided to try Sanulom. I got a Smith's Cement Jiffy Tube and filled it with Sanulom and injected Sanulom as far up into the socket as I could. For a few minutes had a rather bad pain but then it passed off. The following morning I repeated the treatment; this time I had no pain after injection. I treated again that night and in the following morning the swelling had gone down and I had no discomfort with the tooth whatever after. I enclose 2nd X-ray taken of socket and with some more treatment I believe the socket will close up.

————— L.D.S.

February 6, 1939

For some weeks now I have been using Sanulom.

I have used it principally after extractions, applying it to the socket immediately. In several cases the teeth were very septic and accompanied by considerable swelling. I found that there was no further swelling or after pain but that the healing was remarkably rapid and the gums returned to normal. In these cases I certainly would have had after effects without Sanulom.

I have also used it in the treatment of putrescent canals with success.

———— L.D.S., R.F.P., S.G.

March 20, 1939

I am very pleased with the results obtained by using Sanulom in my surgery and it has found a permanent place. In the case of the Cyst, used on $\frac{1}{2}$ " ribbon gauze, it has given excellent results. It was impossible to use it with the "Tabloid" Syringe.

———— L.D.S.

December 6, 1938

I enclose cheque for enclosed account.

I shall be glad if you will send me another bottle of Sanulom.

I have tried it on several cases of gingivitis. The mild cases seem to clear up phenomenally, but for long chronic cases it is early to pass an opinion.

Two cases of infected pulp canals have responded to treatment after previously having failed with a 3 months' treatment of "....."

I have had no great success with the treatment of post-extractional pain; however, its various other properties are sufficient to merit its universal use and success.

———— L.D.S., R.C.S.

July 13, 1939

You will be glad to hear that I am getting excellent results with Sanulom.

I find it of extreme value in treating all forms of Gingivitis and other infections in the mouth.

———— L.D.S., R.C.S.

December 5, 1938

Some six weeks or so ago, your representative called upon me and interested me in your product Sanulom. He praised it in glowing terms and I have to confess that I was rather dubious.

However, I purchased a bottle price 15/- (for which find cheque enclosed) and decided to give an extensive trial.

I was tremendously impressed by its efficacy in treating post-operative pain, especially after such surgical procedure as the removal of heavily injected lower wisdom teeth and decided to keep a detailed chronicle of all cases treated.

———— L.D.S., Surgeon Lieutenant (D) R.N.

September 29, 1938

“ SANULOM ”

I have been getting marvellous results with the above-named preparation and so far it has done everything claimed of it. When I ordered it for trial, I was not a little dubious as your representative's description of its properties appeared not a little extravagant and the price a large one. I now realise that it is cheap at the price.

I have but one complaint. It is so difficult to handle. I cannot get it into any syringe unless I take out the piston and pour it in. This is a very messy procedure and the neck of the bottle gets into a horrid state. If it cannot be made either thinner or into more of a paste, I suggest that it is put into jiffy tubes similar to toothpaste ones but with a pointed nozzle or even in tubes similar to those in which small quantities of petrol are marketed for petrol lighters.

I feel that my suggestions are quite sound.

———— L.D.S.

July 12, 1939

The following are notes of two cases for which I used Sanulom :—

Patient, hospital nurse in charge of septic ward, complained of acute swellings around whole of the teeth. On examination, the gums were extremely swollen and bled on the slightest touch. Her temperature and pulse were raised and she looked ill. She was given a bottle of Sanulom and shown how to apply the medicament. She applied Sanulom all round the mouth, several times a day, and on the third day the symptoms had completely subsided.

Patient, male, aged 70, complained of severe pain in his jaw. Dentist X-rayed and found buried root. Attempted to remove by forceps which was unsuccessful. Three days later was sent to me and found severe swelling and prismus in lower jaw. Patient in severe pain. Operated on under general anæsthetic. Root removed after chiselling away much bone. Sanulom was applied immediately after the operation and every two hours for two days. When the patient recovered from the anæsthetic, there was no pain present and this has continued. He has not suffered any pain whatever and healing is going on very well indeed.

———— L.D.S., R.C.S.

NOTES

